Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS198AGC	A. BUILDING _____ B. WING _____	C 01/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HOME CARE 1	2709 BRADY AVE LAS VEGAS, NV 89101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/11/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or persons with mental illness and/or persons with chronic illness, Category 2 residents. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified:	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 1/11/11, the facility failed to ensure 2 of 3 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1-missing FBI background results and Employee #2-no copies of fingerprints in file). Severity: 2 Scope: 3	Y 105		
Y 175 SS=E	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility failed to ensure the premises were free from hazards (air conditioning wires were hanging down above the head of a resident's bed and several cable wires were hanging down above the entrance door to bedroom #5). Severity: 2 Scope: 2	Y 175		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents NAC 449.209 4. To the extent practicable, the premises of the	Y 176		

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Y 176	Continued From page 2 facility must be kept free from: (c) Insects and rodents. This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility failed to ensure the facility was free of insects (dead and live roaches were observed throughout the home). Severity: 2 Scope: 3	Y 176		
Y 307 SS=C	449.218(6) Bedrooms - Beds and Bedding NAC 449.218 6. A separate bed with a comfortable and clean mattress must be made available for each resident. The bed must be at least 36 inches wide. Two clean sheets, a blanket, a pillow and a bedspread must be available for each bed. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including protective mattress covers, must be provided if necessary. This Regulation is not met as evidenced by: Based on observation and interview on 1/11/11, the facility failed to provide 8 of 8 residents with appropriate linens (there were no fitted sheets or mattress covers on the residents' beds. Incontinence pads were being used instead). Severity: 1 Scope: 3	Y 307		

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Y 557	Continued From page 3	Y 557		
Y 557 SS=D	449.262(3)(a) Restriction on Use of Restraints NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident. This Regulation is not met as evidenced by: Based on observation on 1/11/11, the facility failed to ensure that mechanical restraints were not used on 2 of 8 residents (full bed rails were found on two beds). Severity: 2 Scope: 1	Y 557		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 1/11/11, the facility failed to ensure that 1 of 8 residents received medications as prescribed (Resident #5-	Y 878		

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Y 878	Continued From page 4 Bystolic 5 milligrams, one tablet by mouth daily). Severity: 2 Scope: 1	Y 878		
Y 895 SS=D	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 1/11/11, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 8 residents (Resident #5-Bystolic 5 milligrams was not listed on the MAR).	Y 895		

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Y 895	Continued From page 5 Severity: 2 Scope: 1	Y 895		